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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form P10-875										Applica	Application of Doctor Number		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL	ENTITY	OR -	OTHER THAN SMALL ENTITY		
FOR HUMBER FILE				NUM	BER EXTRA		RATE	fEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(2))									\\ \	OR		5	
TOTAL CLAIMS 43				/arinus 2	20 4			< 5 2		OR	x \$ z		
INDEPENDENT CLAIMS			1				┪.			OR	x s =		
(37 CFR 1.16(b)) minus 3 * .						-		-	1				
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(d))							ال	+1=		OR	* \$		
I if the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	L	
	C	CLAIMS	AS AM	ENDE) - PART II						•		
	(Cotumn 1) (Cotumn 2) (Cotumn 3)							SMALL	ENTITY	O R		R THAN	
		(Colum	IMS		HICHEST		7 1]		ENTITY	
TA			INING .		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL		RATE	ADDI- FIONAL	
ENOMENT	Total	AMENS	MENT	Minus	PAID FOR	2	1		FEE			FEE	
Õ	OF CFR 1 THEO	0	-				H	13		OR	h 5 =		
	Independent (31 GFR + IS(B))	0	<u>U</u>	Minus	·	<u> </u>		x 5 =		OR	x \$ z		
AR	FIRST PRESENT	TATION OF	LUA TIPLI	E DEPEND	ENT CLARA (37 C	FH 1.1 6(व) }		+ s =		OR	+5 =		
								TOTAL ADD'S FEE		OR	TOTAL ADD'L FEE		
,	0/19/2	<u></u>	- ••		· (C-) (mp. 2)	(Cotumn 3)							
8	0/1/1/11	CLAI REMAII AFII	MS NING ER		(Cotumn 7) · HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
A	Total (37 CFP 1 Vác)	8	_	Minus	••	ε		x \$ =		OR	x s =		
AMENOMENT	Independent (27 CFR 1.18(a))	2		Minus	***	=		x 5 * '		OR	K2 E		
影										OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))							+s =		OK [TOTAL .		
					•			ADD' FEE		OR	ADD'L FEE		
		(Cotum	1)		(Cotumn 2)	(Column 3)	_						
UL		CLAIP REMAIN AFTE AMENDA	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR + 14(4)	·		Minus	••	•	r	x s =		OR	x 3 =		
	Independent	 -		zuniM	***	*	 						
影	(3) OFR LYGDA	7					F	× •		OR	× 5		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ I =		OR	toral		
								ADD'T FEE		OR	ADO'L FEE		
••	If the "Highest N	lumber Pre	viously i	Paid for	in column 2, with IN THIS SPACE I IN THIS SPACE I	is less than 20, o	enler	"2J ". 3 ".		•			

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademan. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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